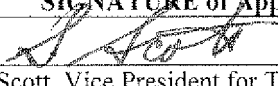


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/728,128
	Filing Date	December 4, 2003
	First Named Inventor	Robert B. Nilsen
	Art Unit	2893
	Examiner Name	Sefer, Ahmed N.
	Attorney Docket Number	1571.2018-005

I hereby revoke all previous powers of attorney given in the above-identified application.					
<input type="checkbox"/> A Power of Attorney is submitted herewith.					
OR					
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number:					<div style="border: 1px solid black; padding: 2px; text-align: center;">26774</div>
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:					
<input checked="" type="checkbox"/> The address associated with Customer Number					<div style="border: 1px solid black; padding: 2px; text-align: center;">26774</div>
OR					
<input type="checkbox"/> Firm <i>or</i> Individual Name	Nixon Peabody LLP				
Address	1100 Clinton Square				
City	Rochester	State	New York	Zip	14604
Country	United States of America				
Telephone	(585) 263-1000	Email			
I am the:					
<input type="checkbox"/> Applicant/Inventor.					
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>					
SIGNATURE of Applicant or Assignee of Record					
Signature					
Name	Steven M. Scott, Vice President for Technology				
Date	<div style="border: 1px solid black; padding: 2px; text-align: center;">3/26/09</div>		Telephone	(860) 676-7147	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
<input checked="" type="checkbox"/> *Total of <u>1</u> form is submitted.					

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